Mental Health: A Priority

Mental Health Advisory Council

Annual Report to the Minister

2000 - 2001

January 2002

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Letter to the Minister

January 2002

Honourable John T. Nilson, Q.C.
Minister of Health
Legislative Building
REGINA SK S4S 0B3

Dear Minister Nilson:

The Mental Health Advisory Council is pleased to present the 2000-2001 Annual Report.

On behalf of the Mental Health Advisory Council, I would like to thank the Department of Health staff for their diligence and sensitivity in dealing with the work of the Council. Our success depends on their professionalism. I would also like to thank the Council's previous chairperson, Shirley Skelton and last year's Vice-Chairperson respectively.

Shirley Skelton consistently demonstrated strong leadership that I took as my benchmark. During her last year as chairperson she struggled with personal challenges, yet remained committed to Council work.

Last year's Vice-Chairperson, Sherryl McKay, along with a subcommittee, presented the report *Recommendations to the Government of Saskatchewan to Address Aboriginal Mental Health Issues.* I would like to thank the subcommittee for offering insights from their experience.

We are a diverse group of committed Council members each bringing strength to our purpose. Mr. Minister, it has been an excellent experience working with everyone on the Council.

Yours truly,

Dave Elliot
Chairperson
Mental Health Advisory Council

Mental Health Advisory Council
Report to the Minister (2000-2001)

Introduction

The following report conveys the composition and activities of the Saskatchewan Mental Health Advisory Council (MHAC) for 2000-2001.

Purpose of the Mental Health Advisory Council

The Saskatchewan Mental Health Advisory Council is to advise the Minister and senior officials in Saskatchewan Health on policies, programs, priorities and resources aimed at meeting the mental health needs of the people of Saskatchewan. The Council also has the responsibility to monitor and review progress towards meeting established objectives.

Tasks of the Council

The Saskatchewan Mental Health Advisory Council will meet at least four times each year, two of which will be with the Minister of Health, in order to undertake the following:

➢ Policy Issues

- Receive briefs and submissions concerning mental health issues, services and target groups.
- Recommend policies that would help meet identified needs, problems, concerns and issues.

➢ Planning Activities

- Recommend strategies to meet the identified needs, problems, concerns and issues related to mental health in Saskatchewan.
- Recommend new program initiatives to meet emerging needs and/or to take advantage of existing opportunities.

- Contribute ideas and suggestions to the annual strategic plan and budget for mental health services in Saskatchewan.

- Advise on a communications strategy that would promote awareness of good mental health in the province.

➢ Communication

- Consult with stakeholders on mental health issues and report back on the activities of the Council.

- Communication with the public and the Minister would seek to objectively weigh needs and assign priority from an overview perspective, rather than as an advocate for any one particular group.

➢ Evaluation

- Receive program and financial reports on the operation of mental health services in Saskatchewan.

- Provide advice on a communications strategy that would promote awareness of mental health issues in the province.

- Monitor and evaluate services in relation to existing needs and aspirations in Saskatchewan.

- Review progress toward meeting established objectives.

Council Membership

Currently there are fourteen members on Council. These members represent a range of disciplines, perspectives and geographic areas.

The Terms of Reference of Council allow all members to serve for two consecutive three-year terms. Meetings are held on a quarterly basis.

The Minister of Health appoints a Chairperson from the members on Council to serve for a term of one year. No person remains in this position for more than three consecutive years. In November 2000, Dave Elliot was appointed as Chairperson and Sherryl McKay was confirmed as Vice-Chairperson.

A complete listing of members and biographies can be found in Appendix A of this report.

The Work of the Mental Health Advisory Council in 2000-2001: Issues and Recommendations

Throughout the 2000-2001 year, the Mental Health Advisory Council deliberated on a number of issues felt crucial for the planning and delivery of mental health services in Saskatchewan. Priority areas were identified and recommendations made to the Minister of Health. Subcommittees continued to work specifically on two issues: Concurrent Disorders and Best Practice Issues in the Treatment of the Long-term Mentally Ill.

Concurrent Disorders

Concurrent disorders and treatment issues have been examined by a joint subcommittee of the Alcohol and Drug Abuse Advisory Council (ADAAC) and the Mental Health Advisory Council (MHAC). A subcommittee report entitled, *Recommendations to the Associate Minister of Health Regarding Concurrent Disorders* was submitted In August 2000. Both councils recommended the following to support people who have a concurrent diagnosis of mental health, alcohol and drug problems:

- **Recommendation 1**

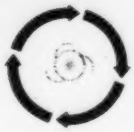
  Development and dissemination of a clearly articulated policy for individuals who are currently on prescription medication for the amelioration of symptoms related to a mental health problem be included and accommodated in the existing alcohol and drug treatment programs. As well, individuals with a substance abuse problem should be included and accommodated by mental health services.

An Edmonton study found one-third of mentally ill clients had a substance abuse problem. Among illicit drug users almost one-half had a mental illness*

- **Recommendation 2**

  The provincial policy must clearly articulate and ensure access to provincially funded addiction treatment services for individuals who are on medication prescribed by a doctor. The policy must state that programs must not require individuals to discontinue their medication prior to treatment. The policy should also outline a process for reviewing medications with an individual's physician/psychiatrist where there is concern that the medication may interfere in the recovery process.

**Centre for Addiction and Mental Health (CAMH)*



Recommendation 3

Mental health and addiction programs work toward developing an integrated service delivery model. The service delivery model should:

- be multidisciplinary in approach;
- address mental health problems and addiction problems simultaneously;
- provide a comprehensive integrated continuum of services including intake, assessment, case management and follow-up;
- provide for a comprehensive integrated assessment for individuals; and
- address social issues impacting recovery (housing, food, and employment).

Recommendation 4

Education resources become available and distributed to inform the public, mental health and addiction workers about the differences between psychoactive and psychotropic medications. Education for patients about their medications is key to maintaining them on their medications and preventing relapse. There is a difference between medication required to maintain stability for a mental health problem and medication used for recreation. Mental stability is required in order to address addiction problems and prevent relapse for both conditions.

Recommendation 5

Training should be provided to mental health and addiction workers regarding the management and treatment of people with a concurrent diagnosis of substance abuse and mental disorders. Ideally, training should involve addiction workers and mental health workers simultaneously.

Recommendation 6

Particular attention needs to be to be paid to young people between the ages of 15 and 24 who may experience a "first break" with only the occasional use of alcohol or drugs. This does not always mean that the young person is addicted to substances, but the consequences of substance use may lead to mental health problems with minimal use. It is important to clearly articulate these risks to young people. It is also important that services screen young people hazardously involved with substances to determine if there are underlying mental health problems.

- **Recommendation 7**

  Accountability - Saskatchewan Health needs to communicate these standards of service for people with concurrent disorders clearly to District Health Board services, community based programs, physicians and the public. Where districts are responsible for monitoring community based programs, Saskatchewan Health should provide the required support to ensure that the District Health Boards are able to require accountability for implementation from community based organizations. Provincially funded programs need to adhere to provincial policies and standards.

Best Practice Issues in the Treatment of The Long -Term Mentally Ill

The Federal/Provincial/Territorial Advisory Network on Mental Health (ANMH), and the Intergovernmental Forum for National Collaboration on Mental Health Issues, has identified best practices in mental health as a priority issue. ANMH developed the *Best Practices* in programs with respect to developing effective service for adults with persistent and serious mental disorders. The Mental Health Advisory Council is interested in the mental health needs of this group and chose to examine how the province's service to this group compares with the elements presented by ANMH *Best Practices* Project.

Schizophrenia requires greater use of hospital beds than any other medical or surgical procedure in Canada*

The Mental Health Advisory Council looked at two documents that describe services provided to the long-term mentally ill in Saskatchewan. Council looked at the *Saskatchewan Mental Health Program: A Description of Services* document which details the key components of the Saskatchewan Mental Health Program, including services provided to the psychiatric rehabilitation population. As well, Council examined the findings of the *Saskatchewan Mental Health Program Review 1999/2000.* The review focuses on the Psychiatric Rehabilitation Program and its component services. Using these two documents, Council compared Saskatchewan's Psychiatric Rehabilitation Services with the nationally accepted *Best Practice* elements as presented by ANMH. Following this review process recommendations were developed to address best practice criteria for the long-term mentally ill and to suggest changes for Saskatchewan. A complete report was provided to the Minister of Health in December 2000. The following recommendations were included in the submission.

**Centre for Addiction and Mental Health*

PSYCHIATRIC REHABILITATION PROGRAM SERVICES	RECOMMENDATIONS MADE BY THE MENTAL HEALTH ADVISORY COMMITTEE
Case Management	➢ That additional resources be provided over a five-year period to reduce case loads to the recommended level of 1 case manager to 45 consumers, starting in those areas that have the highest caseload.
Community Based Residential Service	➢ That Saskatchewan Health work with the health districts to expand the Independent Living Program by 200 spaces in the host districts, and non-host districts by 100 spaces over a five year period. ➢ That Saskatchewan Health works with Saskatchewan Approved Private Homes Inc. and health district officials to expand the Approved Home Program in selected districts including northern health districts. ➢ That Saskatchewan Health support the creation of working groups in each service area to explore the housing needs of disabled and high needs individuals that are not being served by existing programs. ➢ That Saskatchewan Health work with health districts to examine the staffing levels of group homes to enable them to provide care for consumers with greater service needs. ➢ That Saskatchewan Health works with the Department of Social Services to increase the support to community-based organisations for wages, with the aim of reducing the gap with health district personnel.
Shared Management	➢ That Saskatchewan Health works with health districts with an aim of strengthening shared management.

Prevocational Vocational Programs	➢ That Saskatchewan Health work with health districts and other service providers to conduct a more extensive review of prevocational/vocational services and develop a detailed plan to meet the target goal of 50% of consumers receiving services. ➢ That Saskatchewan Health works with the Department of Social Services to increase the support to CBOs for wages with the aim of reducing the gap with health district personnel.
24 Hour Emergency Services	➢ That Saskatchewan Health continues to work with health districts to strengthen emergency services. ➢ That the Saskatoon experience of placing mental health workers in an emergency department be reviewed and possibly replicated in other districts where appropriate.
Co-ordinating Councils	➢ That co-ordinating councils should continue to provide a planning and information exchange function. ➢ That Saskatchewan Health seek ways to incorporate the co-ordinating councils and the Mental Health Advisory Council in the Annual Mental Health Program Review.
Family Education and Support	➢ That Saskatchewan Health works with health districts to ensure the availability of family and consumer education.
Family Support and Rehabilitation Fund	➢ That the Family Support and Rehabilitation Fund be expanded in the smaller/non-host districts to bring them to a level of $10,000 each.
Saskatchewan Hospital North Battleford (SHNB)	➢ That Saskatchewan Health work with the Battleford Health District to complete an intensive review of Saskatchewan Hospital North Battleford (SHNB). ➢ That the regeneration of Saskatchewan Hospital be given high priority by Saskatchewan Health.

Items Discussed in 2000-2001

Throughout the 2000-2001 year, the Mental Health Advisory Council discussed a number of issues crucial for the planning and delivery of Mental Health Services in Saskatchewan.

➢ Mental Health Services for Children and Youth

In an effort to learn more about current mental health issues affecting children and youth, Council invited Dr. Deborah Parker-Loewen from the Children's Advocate Office (CAO) to present at the March 2001 Council meeting. The mandate of the Children's Advocate Office is to protect the interests of, and act as a voice for children who have concerns about provincial government services. Dr. Parker-Loewen 's presentation focused on children in custody and the possible implications for mental health. Council discussed the need for improved mental health services for children and youth in the Province of Saskatchewan indicating a lack of resources available for youth with concurrent disorders. Council remains committed to focus their attention to the mental health needs of children and youth over the next year.

➢ Mental Health Issues of Aboriginal People

Council noted that Aboriginal mental health issues continue to be complicated and there is a need for cross-cultural training. The mental health of Aboriginal peoples cannot be addressed in isolation. A harmonious balance of spirit, emotions, mind and body is fundamental to well being in the Aboriginal culture. Concern about the limited opportunities available for Aboriginal people in the areas of nursing and psychiatric nursing was also noted.

➢ Farm Stress

Council noted that farm stress continues to be a serious mental health issue and has severe implications for the entire province. It was noted that Saskatchewan Health has hired Dr. Nikki Gerrard to address farm stress issues. The crisis in farming has significantly affected rural families and the mental health professionals who provide services in these communities.

Recruitment and Retention of Registered Psychiatric Nurses

Council discussed the significant shortage of psychiatric nurses in the province and the impact this has on mental health services. It was suggested that the implementation of a summer work-study initiative might enhance the chances of recruiting nursing students into the psychiatric nursing field. It was noted that the Registered Psychiatric Nurse training schedule was recently altered so the four-year training can be completed within three years. It was recommended that Council make a presentation to nursing students to make them aware of the shortage in the areas of mental health.

Needs of the Mentally ill

Council discussed a number of needs related to the mentally ill. It was identified that the mentally ill are finding them selves in poorer housing because the rates allowed by the Saskatchewan Assistance Plan were not adjusted to meet the increases in rent. There was also a need expressed by Council for vocational programs for persons with severe mental illness.

Impact of Addictions on Mental Health

The correlation between addictions and mental health are becoming well known. Council discussed the change in addictions from alcohol and drugs to gambling. It was noted that there are relatively few treatment facilities in the province for gambling. A gambling prevalence study is due for release in the winter of 2002. Council will follow up on the recommendations of the study.

Links Fostered Between Mental Health Stakeholders and the MHAC in 2000-2001

- **East Central Health District**

  Members of Council toured the Yorkton Mental Health Centre and were provided with an overview of the work of the Child and Youth Services of the East Central Health District (ECHD) Mental Services Health Division.

- **Saskatchewan Alcohol and Drug Abuse Advisory Council (ADAAC)**

  The Mental Health Advisory Council continued to work with ADAAC to discuss concurrent disorders in 2000-2001. In August 2000 a joint subcommittee of MHAC and ADAAC presented *Recommendations to the Associate Minister of Health Regarding Concurrent Disorders*. MHAC and ADAAC will work collectively to see the report distributed.

- **Saskatchewan Justice**

  Council made recommendations to Saskatchewan Justice on the *Report on the Abuse of Adults in Vulnerable Circumstances*. The recommendations made were around the issue of "Emergency Power of Attorney" and contributed to the changes in *The Adult Guardianship and Co-decision Making Act*.

- **Health Services Utilization Research Commission (HSURC)**

  Council invited a representative from Health Services Utilization Research Commission to present on the report entitled *Psychiatric Hospitalizations and Subsequent Use of Community Services: A Pilot Study*. HSURC is an independent commission, receiving funding from government, that researches various health issues.

Priority Areas for 2001-2002

Council has identified a number of priority areas they would like to review in the upcoming year. They include the following:

- **Children and Youth Mental Health Issues**

  Has been selected as the primary focus of Council over the next year.

- **Seniors' Issues**

  Including depression, social isolation and adequate housing will also be a focus of Council over the next year.

- **Concurrent Disorders**

  Work will continue as follow-up to the efforts of the ADAAC/MHAC Concurrent Disorder Subcommittee.

- **Human Resources**

  Recruitment and retention issues including shortages of professional staff are an ongoing concern for Council.

- **Aboriginal Mental Health Issues**

  Continues to be an important topic for Council as they address the distribution of the Aboriginal Mental Health Report.

- **Continuing Council Education will include:**

  - Site visits to mental health services in Saskatchewan
  - Guest speakers on areas of priority
  - Conferences

Appendix A – Council Membership for 2000-2001

Council members for the term 2000-01 were as follows:

Thom Bartram

Mr. Bartram is a taxi driver in Regina, mental health consumer and long-time advocate for the mentally ill. Thom serves on the Board of Directors of the Canadian Mental Health Association, Regina Branch, the Employment Sub-Committee on Access City of Regina, and on the Board of Directors, National Network for Mental Health. He has published in SIPY North, *Report on Duck Bay Basic Job Readiness Training* as well as articles in *Briar Patch, A Community We Formed By Our Selves*. He has taught at both the high school and community college level in various communities. Mr. Bartram has a Bachelor of Arts Degree (physics and mathematics) as well as a Bachelor of Education Degree.

Victoria Clarke

Ms Clarke is a Holistic Health Co-ordinator with the Peter Ballantyne Cree Nation Health Services where she provides counselling, prepares therapeutic plans, makes referrals and educates. She has co-ordinated summer programs for children and youth (ages14-7). Ms Clarke has a Bachelor of Social Work (U of R); she completed her practicum at a safe shelter for women. She has additional training in Suicide Intervention (Living Works), Anger Management Training and Substance Abuse Subtle Screening Inventory (SASSI) training.

Helene Dorsch

Ms Dorsch graduated from the Saskatchewan Hospital Weyburn in 1962 and became a member of the Registered Psychiatric Nurses Association of Saskatchewan (formerly SPNA) and worked as a senior nurse and nurse III at the Weyburn Psychiatric Centre, then Weyburn Mental Health Centre for 22 years. In 1984, she relocated to Moosomin as a Community Mental Health Nurse. She has lobbied for changes in *The Mental Health Services Act*, for integration, co-ordination and accessibility of mental health services. She is presently serving a second term as a member of the Pipestone District Health Board.

Dave Elliot

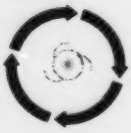
Mr. Elliot is a self employed insurance salesperson and financial planner with an office in Indian Head and Regina since 1984. He has been active in mental health issues all of his adult life. He is currently the President of the Depression and Manic Depression Support Co-operative of Regina. Mr. Elliot is married to Susan Fricker-Elliot and has three long-term foster children. He has a Bachelor of Arts in English and History from the University of Alberta (1976) and is currently enrolled at the University of Regina in the Faculty of Education.

Valerie Hartley

Ms Hartley is the manager of Residential (Addiction) Services (Calder Centre) with Saskatoon District Health. She has approximately six years experience in the field of addictions and more than twenty years experience in mental health in both front line and management capacities. Ms. Hartley is co chair of the Provincial Alcohol and Drug Services Working Group, as well as a current member of the University of Saskatchewan EAP Board, the Addiction Medicine Advisory Committee and the chair of the Chemical Dependency Worker Program Advisory Committee with SIAST. She is a past president of Registered Psychiatric Nurses Association of Saskatchewan. She has a diploma in Psychiatric Nursing and is working towards a BSN. Ms Hartley has co-authored and published a journal article entitled *Living with Mental Illness: Professional/ Family Collaboration.*

Harland Magneson

In 1998, Mr. Magneson retired from the University of Regina where he had been a Professor with the Faculty of Social Work. Prior to his retirement, he was employed in social work education for nearly three decades. He has also been employed in family and mental health for more than a decade. During his social work career he was an advocate for families and persons experiencing systems conflict. As a grandparent, he has continued interest in advocating for a healthy society.



Marcia Mirasty

Ms Mirasty is an employee of the Meadow Lake Tribal Council Health and Social Development Office. She has a Bachelor of Arts (Honours) degree and a certificate in Indian Community Career Counselling with the Saskatchewan Indian Federated College (SIFC). She is familiar with First Nation health and social development issues. She has been a member of the Midwifery Advisory Committee for Saskatchewan Health, and is currently a Northwest Health Board member. Ms Mirasty is a Canoe Lake First Nations member and resides on Flying Dust First Nation.
Her areas of interest include addressing wellness issues; community planning and development; and exploring the integration of programs and services to best meet the needs of First Nations people.

Rose Morris

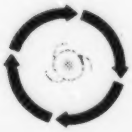
Ms Morris is a psychiatric nurse and has worked in acute psychiatry at Royal University Hospital and Community Mental Health, Crisis Management Service in Saskatoon. She is the Past President of the Canadian Mental Health Association in Saskatchewan and represents Saskatchewan on the National Board of the CMHA. Ms. Morris has served on a subcommittee of the Mental Health Advisory Council. Currently, she is the Executive Director of the Saskatoon Friendship Inn, a soup kitchen providing meals and social programs to people living in poverty in Saskatoon's inner city.

Sherryl McKay

Currently, Ms McKay is employed with the Yorkton Tribal Coucil. Her educational background is in intervention (Suicide Intervention Trainer and Non-Violent Crisis Intervention). She is working towards completing a degree in social work.
Ms McKay has knowledge of First Nation's culture and traditions and is fluent in Dakota (Sioux). In 1995, Ms McKay was appointed to the East Central Health District Board.

Dr. K.V. Ramachandran

Dr. Ramachandran holds a specialist qualification in psychiatry from the United Kingdom. He has been practising psychiatry since 1976. He has worked in England as well as Ontario before moving to his current position as Chief Psychiatrist at Saskatchewan Hospital in 1990. In addition to his administrative functions, he provides clinical psychiatry services to the Forensic Program and Psychiatric Rehabilitation Program at the hospital. His current professional interests include rehabilitation psychiatry, forensic psychiatry, schizophrenia, substance abuse disorders, community psychiatry and use of computers in psychiatric practice. Dr. Ramachandran is a current member of numerous associations including the Canadian Psychiatric Association, the Saskatchewan Psychiatric Association, the Canadian Association of Psychiatry and Law, and the Canadian/Saskatchewan Medical Association.



Shirley Skelton

Ms Shirley Skelton is a retired registered nurse with family members who suffer from depression and schizophrenia. She is President of the Provincial Board of the Schizophrenia Society and a member of the Central Saskatchewan Mental Health Rehabilitation Co-ordinating Council. Shirley is also involved with the planning committees related to two conferences regarding mental health issues.

Marion Solberg

Ms Solberg is a retired nurse with 30 years of experience in the health care field including various areas of acute care hospitals. She is a past member of the Rolling Hills Health Board. Ms Solberg has served in many managerial positions in her profession and district. She also represents consumer interest in the system as she has raised a daughter with what appeared to be FAS/FAE, who was later diagnosed as an adult with a metabolic genetic disorder, which has been very successfully treated.

Dave Surjik

Since receiving a Bachelors Degree in Economics from the University of Regina, Mr. Surjik has held several jobs with a community-based component. He has lobbied to retain the Crows Nest Freight Agreement and has raised funds for working mothers to build a new 24-Hour Child Care co-operative. He has served as a shop steward and elected union representative. He has worked at a community service call centre and has served as a technical liaison for the hard of hearing. Over the years Mr. Surjik has been an active writer and recently was awarded the Best New Writer award from a national magazine that published the early works of Margaret Atwood and Micheal Ondaatje. He believes that a healthy balance can be struck between the needs and rights of the intermittently ill and those of the public at large.

Alice Waldie

Ms Waldie has been a professional educator since 1969. She has extensive experience as a classroom and special education teacher and consultant. She has worked in the capacity of a vice-principal and principal and currently holds the position of Head of Student Services for the Regina Catholic School Division. As well, Ms. Waldie has been an assistant professor (Educational Psychology and Special Education). She has a personal and professional interest in appropriate mental health services for children and youth and is a member of the Regina Health District's Mental Health Advisory Committee.

Appendix B – Summary of Expenditures

MHAC	1998-99	1999-00	2000-01
Honorarium	$ 4,283	$ 3,693	$ 3,773
Professional/Technical Services	110	0	0
Duplication	0	0	33
Travel for non-government employees	2,549	445	0
Travel for Council Members	6,746	5,368	5,920
Business Expenses and Room Rental	271	1,605	943
Total	$13,959	$11,111	$10,669

Appendix C – Presentation Guidelines for Community Interest Groups

Requests may be made to MHAC for meeting agenda time to make either verbal or written presentations to the Council. These presentations are an opportunity for interest groups and individuals to bring issues before the Council, and an opportunity for the Council to receive information/education regarding specific issues.

Written Presentations:

1. Send your written request and presentation outline to:

   Karen Gibbons
   Saskatchewan Health
   Community Care Branch
   3475 Albert Street
   REGINA SK S4S 6X6

   Telephone: (306) 787-5020
   Fax: (306) 787-7095

2. Applicants will be notified within thirty (30) days of receipt of request regarding the meeting date at which their presentation will be discussed. Council response will be provided within forty-five (45) days of presentation.

3. Presentation outlines should be no longer than two (2) pages and should contain information regarding the specific issue discussed (including background), the presenters involvement with the issue and any recommendations regarding the issue, including how recommendations will address the problem or issue.

Personal Presentations:

1. As in Written Presentations #1.

2. Applications will be notified within thirty (30) days of receipt of request regarding the date, time and place of the meeting at which they will make their presentation. Council response to the presentation will be provided within forty-five (45) days of the presentation.

3. Presentation outlines should be no more than one (1) page and should be formatted to provide a ten (10) minute verbal presentation to Council and allow ten (10) minutes for questions, for a total of twenty (20) minutes.